

CLAIMS ONLY						Application Number <b>10/565075</b>	Filing Date		
						Applicant(s)			
<b>03-06-07</b>						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51		
2							52		
3							53		
4							54		
5							55		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			<b>7</b>				Total Indep		
Total Depend		<b>5</b>					Total Depend		
Total Claims		<b>12</b>					Total Claims		